MOTHER FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19709)
1. PLACE OF DEATH	7-541
County St Marys	Registration Dist. No.
Village or Citylea Michausaila	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
(a) Residence: No. Du Romande (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 2 4 193/
5a. If marriad, widowed, or divorced	(model) (bay) (rear)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
0	Ded not golland bay -, 19
6. DATE OF BIRTH (month, day, and year) July 3" 1931.	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
2 0 1 day,nrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Suffocation.
SAWTER, BUDNIEFER, etc.	Sleft. Or aven morky T factor
9. Industry or business in which work was done, as SILK MILL,	you his by and works a dow
SAW MILL, BANK, etc	ful satified this is come!
1D. Date deceased last worked at this occupation (month and year) spent in this occupation.	2 duck.
12. BIRTHPLACE (city or town) of the says as and: (State or country)	Other Contributory Causes of importance:
13. NAME (1) all - Brand	all y to barrows
H O A MU O H I	
[State or country]	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) SI Mayo Go mud.	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
E (Stata or country)	Where did injury occur?
17. INFORMANT Traffice to Close	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Joseph Charle Date all 25, 1931	Nature of injury
19. UNDERTAKER 1) Eauer fortwee (Address) mechanic resource.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 24, 1994 Lever Joselow Registrar.	(Signed) Lack to alkower M. D.  (Address) Edwellotte Utual March

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	death and related causes Date of onset			
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	S 1031	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis		1921	Run over by street car	1 week ago			
Cerebral hemorrhage	PAU V	July 5, 1927	Peritonitis	3 days ago			
	BV-	y.					
Other contributory causes	of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			
	*						
		1					

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County St. Mary Co.	CERTIFICATE OF DEATH
	Registration Dist. No. 284
Village or City Michausmelle, (No.	St. Ward) (If death occurred in
Village or City Wicksmandle (No.	a hospital or institu-
2FULL NAME Benjamin Wibster	Burraughs tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, Warried	16 DATE OF DEATH aug 25, 1931
male white OR DIVORCED (Write the word)	(Month) 25 (Day) 1931 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Lattended the deceased from
march 13, 1858	lug 16 198/ to lug 25 , 193/,
(Month) (Day) (Year)	that I lost saw h lan alive on aug 24, 1931,
7 AGE	and that death occurred on the date stated above, at 9.30 Q m.
l dayhrs	The CAUSE OF DEATH * was as follows:
73 yrs. 3 mos. 12 ds. or min.	Myocarditis . acute
occupation (a) Trade, profession or	Condiae failure
particular kind of work	0
(b) General nature of industry business, or establishment in	
which employed or (employer) Jarmen	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Many lane	(Duration) yrs. mos. ds.
10 NAME OF FATHER (ALLA LARIAN TOUR BURGES)	(Signed) Clargues C. Welch M. D.
o 11 BIRTHPLACE	Muy 26 1931 Address) Chaplica Ma
Z (Stato or country) Maryland	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clench It. and Knight	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
O .	Former or
(Informant) Benjamin Voursughs.	usual residence
(Address) Wechamesnillo Mod.	Chapters Cheuch aug 27, 1931
15 Filed Cuy 26 1931 Pur Woclossi	20 UNDERTAKER ADDRESS
Registrar	The mental !
If more branks are needed, address State Registre	ar, 16 W. Saratoga St/, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken tired 6 yrs). definite salary), may be entered as Houscuife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons en-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." carbolic acid—probobly suicide. The nature of the injury, approved by Committee on Nomenclature (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-," "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County J. wares	CERTIFICATE OF DEATH
	Registration Dist. No. 286
Village or City Clement No.	St.: Ward) (If death occurred in a hospital or institution, give lts NAME instead of street and
2FULL NAME (Mallindae	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192,
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the daceased from
7 () 193	1937 to 6 1931,
(Month) (Day) (Year)  7 AGE (If LESS than	that I inst saw handlive on 192,
I dayhrs.	
yrsds. ormin.?	Totio ungeles
a OCCUPATION  (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OR COLLEGE	(Signed) (Duration) yrs mos ds.
II BIRTHPLACE	6 ) 192 (Address) Class
OF FATHER (State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER Sthelen you	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents)  At place In the State yrs mos. ds.
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) frames Call	usual residence
(Address) Cluming	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE O
15 Filed 8-) - 1981 M. Value Registrar	Ra word Calle Bullinger
If more branks are needed, address State Registra	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a ner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation not gainfully em-Wom-

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"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

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PLAC	E OF DEATH		00712	STATE OF	MARYLAND
County S	l'unan)			CERTIFICATE	OF DEATH
			0	Registration	Dist, No.2 8-6
Village or Ci	ull NAME Stell 6		Hole	St.: Ward	(16.16)
PERSO	ONAL AND STATISTICAL PARTIC	ULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the wor	D d)	16 DATE OF DEATH		(Day) (Year)
B DATE OF B	IRTH				tended the deceased from
	8 12	, 1931		192 to	, 192,
	(Month) (Day)	(Yesr)	that I last saw h	alive on	112 , 192 ,
7 AGE	yrsmos	If LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date states IH * was as Collawa;	d above, at 10 m.
particular ki	or of control of the control of work of industry establishment in		hit	olur v(	Co
which employed	oyed or (employer)		Contributory	Tyling	yre mos de.
10 NAME OF FATHER Shuse Free all			(Signed) 111	4-VI al	M. D.
OF FAT (State	or country)		*State the D Violent Causes, st Accidental, Suicidal	isease Causing Death, ato (1) Means of It or Homicidal.	or, in deaths from njury and (2) Whether
of Mo		un			itals, Institutions, Trans-
13 BIRTH			At place of deathyrsn	In the	teyrsmosds,
14 THE ABOVE	E IS TRUE TO THE BEST OF MY KNOW	LEDGE	Where was disease contiff not at place of deat	racted, h?	
(Informati	nt) John & Here	all	Former or usual residence	L OP BENOVAL	DATE OF BURIAL
(Ad	dress)		A. P		5-11 31
Filed F	16 1021 N. Ca	env	20 UNDERTAKER	2	ADDRESS
T IICU.,	79.4	Registrar	John sun!	Muell	Bushing Cod
	If more branks are needed, address	State Registrar	. 16 W. Saratoga St.,	Daito., Requesting V.	D, INO. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Always qualify all

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BINDING

FOR

RESERVED

MARGIN

	PLACE OF DEATH County A Marine	09713 STATE OF MARYLAND CERTIFICATE OF DEATH
	01	Registration Dist No. 280
	Village or City Myssel (No. 2FULL NAME Robert Ener	St.: Ward) (If death occurred in a hospit d or institu- tion, give its RAME i stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male World (Write the word)	16 DATE OF DEATH GING 9, 1989/
	6 DATE OF BIRTH  Repl - 23, 1930  (Modth) (Day) (Year)	(Month) (Day) (Year)
	yrs. 10 mos. 9 ds. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work  (b) General nature of industry business. or establishment in which employed or (employer).  Shirthplace (State or country)	(Duration) Trs. mos da.  Contributory Secondary  (Duration) VIS. 1808 da.
The second secon	11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  MAIDEN NAME  MAIDEN NAME OF MOTHER  MAIDEN NAME  MAIDEN NA	(Signed) E. E. Burch Crass  (Signed) E. E. Burch Crass  (Address) At Junges The  *State the Discase Casing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether  Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  Filed Aug 9 1949   E. E. Brief  Registrar	of death yrs. 5108. ds. State yrs. 5108. ds. Where was disease contracted, if not at place of death? Former or usual residence  19 PLACE OF BURIAL OF REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
	If mora bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon. (b) Grocery; (a) Forenan, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer ()-cstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to c.:ch and every person, irrespective of fulness (f various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, laborer, For many occupations a 118). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons Stationary fireman, etc. But in many who have no occupation single word or term on en-

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia")

stated unless important. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure, Haemorrhage, "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" approved by Committee on earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menretunus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of merican Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perdonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need 'Congenital,' "Senile,' etc.), "Dropsy, "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The valendar heart disease; Nomenclature of the contributory not be " etc.

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8

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County At Manage	Registration Dist. No. 287
Village or City California	No. St., Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
141 2011	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Stephen 03 Goddard	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) 7  (Day)  (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane P Jandalena	22. I HEREBY CERTIFY, That I attended deceased from aug \$ ,193/, to aug \$ ,193/.
6. DATE OF BIRTH (month, day, and year) Oct 12, 1887	I last saw harmalive on accept, 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aunt dilatation of stownell 8/8/31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and up 1930)  11. Total time (years) spant in this year) cocupation 20	
12. BIRTHPLACE (city or town) C. Cifornia (State or country) many land	Other Contributory Causes of Importance;
# 13. NAME Joseph Goddard	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elizabeth Magill	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)————————————————————————————————————	Accident, suicide, or homicide?
17. INFORMANT Jane Of Galdand (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Long Coneting Date assign 10, 19.34	Manner of injury
19. UNDERTAKER IN C Mathingley (Address) Legard Green And	24. Was disease or injury in any way related to occupation of deceased?Ro
20, FILED Aug 9:, 1931 African M. D. Registrar.	(Signed) M. D. (Address) Preat M. C. M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street Relaimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	~	Other contributory causes of importance:	
Gallstones 79.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	PLACE OF DEATH		STATE OF MARYLAND
	County J J Angle (1)	19)	CERTIFICATE OF DEATH
			Registration Dist. No. 128
Vi	llage or City CONONA (No.	**************************************	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Elizabeth Y	- dom	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
fe	MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	(Month) (Day) (Year) CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h	192 10, 192 , 192 ,
7	AGE   If LESS than   I day hrs.   mos. 10 ds.   or min.?	and that death occur The CAUSE OF DEAT	red on the date stated above, at
	a) Trade, profession or	dead grate of a date of the commence of the last	January De College Col
e V	articular kind of work	000000000000000000000000000000000000000	***************************************
È	b) General nature of industry business, or eatabliahment in which employed or (employer)		(Duration)yrs ds.
9	(State or country) Marys Reast-one	Contributory Secondary	(Duration) yrs mos ds.
	10 NAME OF FATHER LONG Smith	(Signed) 1923	(Address) Leves as choins
RENTS	OF FATHER (State or country)		sease Causing Death, or, in deaths from the (1) Means of Injury and (2) Whether or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER		or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or Country) Carsons Hol	At place of death yrsm	ln the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contr if not at place of dead	
	(Informant) Hesses Dogolon	Former or usual residence	
_	(Address) Cossons Mil	19 PLACE OF BURIAL	of as trush long, 193/
15	Filed aug. 19 1921 Dr. P. J. Bean. Registrar	20 UNDERTAKER	is Harris Larbournelle
	If more hanks are needed address State Positions	16 W S St E	alas Danuaraina V S No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvular heart disease; etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and a'll questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

O'NT (	d be stated y be proper
PERM	should tit ma
IS A	ACE so tha
VKTHIS	y supplied
WRITE PLATE WITH UNFADING INK-THIS IS A PERMANNE	ry item of Information should be carefully supplied. ACE should be stated NS should state CAUSE OF DEATH in piain terms so that it may be proper
LWITH	ormation sho
PLA	of infe
WRITE	NS sho

PLACE OF DEATH,	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City W. Mary Hapfal (No.	Registration Dist. No. 263  St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME GLACE GREY	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Mg. /6 , 192)/ (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921 to Mg; 1921, that I last saw h alive on Mg. 1921,
7 AGE    If LESS than   day hrs   day or min.	and that death occurred on the date stated above, at
o OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos.//f. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	Contributory Secondary  (Durstion)  M. D.  (Signed)  *State the Disease Causing Death, or, in deaths from
CState or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs. mos. // ds. State yrs. mos. ds.  Where was disease contracted, yrs. mos. ds.
(Informant) WWW WARMS	Former or usual residence 19 PLACE OF BURIAL, OR REMOVAL DATE OF BURIAL
(Address) 1921 1921 Registrar	20 UNDERTAKER WISH Photographics
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as  $\nu_{ug}$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is neces-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"('Exhaustion,') "('Heart Immus, ') "Old Age,') "Shock,')
"('Inanition,') "('Marasmus,') "(Old Age,') "Shock,')
"('Uraemia,') "(Weakness,') etc., when a definite disease tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1. PLACE O	F DEATH			<u>(3)</u>	()3.1.
County St. Mary's				Registration Dist. No	280
Village or City Sertland RO,			0,	No.	St Ward
Langth of rea	ridanaa in aitu as taun whasa		(H	death occurred in a hospital or institution, give its NAME instead of s	
				in a substantial s	
	ME Albert()	white)	HANDY		
(a) Resider	nce: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or	town and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
, SEX	4. COLOR OR RACE black		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 1	193 1
a. If married, widov HUSBAND of	wed, or divorced				
(or) WIFE of				22. I HEREBY CERTIFY, That I	
DATE OF BIRTH	(month, day, and year) A	nanat 1	1931	I last saw h alive on	
	ars Months	ugust 1,	If LESS than	to have occurred on the date stated above, atm,	13, death is said
	STILLBORN		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	псе
8. Trede, profe	ession, or particular		ormin.	were as follows: STILLBORN	Date of onest
kind of SAWYER	work done, as SPINNER, R, BOOKKEEPER, etc.			VIII DOM	
9. Industry or	business in which as done, as SILK MILL,				
SAW MI	LL, BANK, etc.				
this occu	sed lest worked at upation (month end	sper	me (years) it in this		
year)			pation	Other Contributory Causes of Importance:	
z. BIRTHPLACE (c	ity of town/	d.			
(Stata or cou		ISTL & A.A.			
13. NAME	Caleb				
14. BIRTHPLACE	E (city or town)Md.			Name of operation	Date of
	r country)			What test confirmed diagnosis? Was	there an autopsy?
15. MAIDEN NA	2202023	Handy		23. If death was due to external causes (VIDL ENCE) fill in also the	following:
	E (city or town) Md.			Accident, sulcide, or homicide? Date of injur	y, 19
(State of	r country)	111		Where did Injury occur? (Specify city or town, county and State)	
7. INFORMANT (Address)	Rachel &	falien	and -	Specify whether injury occurred in INDÚSTRY, in HOME, or in Pl	IBLIC PLACE.
18. BURIAL, CREMATION OR RIMOVAL Place It Louises levely Date Cong / , 1931			9/,1931	Manner of injury	
19. UNDERTAKER Calef. If hile (Address)				24. Was disease or Injury in any way related to occupation of dece	
20. FILED Sept	1-12,1931 E.	E Bu	- Ch Registrar.	(Signed) E E Barch Y. P. an	ching corner M. D.

### stillbirths UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones  GRAIGOE	May 1,1925	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20. FILED Aug 6 , 1931

+	STATE OF MARYLAND—	CERTIFICATE OF DEATH
UP	1. PLACE OF DEATH	(93·c)
OCCUP	County of Mary	Registration Dist. No. 287
o jo	Village or City California (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
nt /	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
statement	2. FULL NAME alexander L Hodgolo	
stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Manage	21. DATE OF DEATH  (Month) 5 (Day) (Year)
fied	5a. If marriad, widowad, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
classified	(or) WIFE of Lillia C Horlydon	Sudden to death 19
	6. DATE OF BIRTH (month, day, and year) June 23, 1860	I last saw him alive on
erly	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at7.40 Am.
properly certificate.	7/ / /3   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
pe l	8. Trade, profession, or particular kind of work done, as SPINNER, Physics SAWYER, BDDKKEPER, atc	Stokes adams Sundrane
- 1	9. Industry or business in which work was done, as SILK MILL,	Hopes Manno Dephson
back	SAW MILL, BANK, etc	
at it	10. Data deceasad last worked at this occupation (month add year) year) corupation (corupation)	
that ions o	P/1 11 /.	Dther Contributory Causes of Importance:
, so	12. BIRTHPLACE (city or town) had a delphia (State or country)	1720
terms, so tha instructions	II 13. NAME James a Hodgdon	
ره ت	14. BIRTHPLACE (city or town)	Name of operation
-	(State or country)	What test confirmed diagnosis? Was there an auropsy?
EATH in pimportant.	I 15. MAIDEN NAME Elyabeth Scarbough	23. If death was due to external causas (VIDLENCE) fill in also the following:
EATH	16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide?
AP	17. INFORMANT Sicling & Hodge of Management (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
CAUSE FION is	Place of Manys City Combate lug 7, 1931	Nature of injury
CAUS	19. UNDERTAKER Whi C Mattengley	24. Was disease or injury In any way related to occupation of deceased?
.0.	(Address) diener that	If so, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ple I		Example II	
nud related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
REAU V.S.	July 5,1927	Peritonitis	3 days ago
importance:	May 1,1923	Other contributory causes of importance:	1 year
		and related causes Date of onset  1915 1921 1915 1921 1915 1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  Peritonitis  Peritonitis

BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store; factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	SEP 5 1991	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 1 classified Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is -Ward) stead of street and operl MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that uction (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? 8 OCCUPATION SERV (a) Trade, profession or harticular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) MARGIN BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ō (Address) 11 BIRTHPLACE S LU OF FATHER Csusing Death, or, in deaths from \*State the l'iscase SO RENT Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME nformati 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state CCU2/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ... (State or country 0 0 Where was disesse contracted, if not at place of dea.h?. shoul Every Item CIANS sho statement Former or usus residence If more beanks are needed, address thate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, ployed. as Al school, or Al home. Care should be taken Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to eich and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, laborer, Foremon, (b) Automobile or At Home, and children, not gainfully em-For many occupations a single word or term on Form laborer. without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womfactory. The material duties of the (b) Grocery;

EATH COUNTY OF Cause of Death—Name, first, the Dis-EATH COUNTY the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic Example: Measles (disease ", "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Always qualify al Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH.  County It - Maryo Co.  Village or City Bree, Pour (No.	(19721 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 280
	2FULL NAME CONOLS H FR	Sta: Ward) a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 29 , 153/ (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	192 . to , 192
	J yrs. mos. ds. ds. or min	40 -
1	(a)-Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9	(State or country)	Secondary (Duration yts mos ds
	10 NAME OF FATHER Delker	(Signed) & E. Bailly party 85
120	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
	OF MOTHER (State or country)  Doth	of death yrs mos ds. State yrs mos ds
1.4	(Informant)	if not at place of death?  Former or usual residence
1	(Address) Washington NC	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  DATE OF BURIAL
11	Filed Rept 1 1927 E- E. Burch Registrar	20 UNDERTAKO GARM SI. D. C
	If more branks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtion applies to ouch and every person, irrespective of the first line will be sufficient, e. g., Farmer or Planter, Locomotive engineer, Civil engineer, Stationary freeman, etc. But in many cases, especially in industrial employments, it is neces-(a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as Day Form laborer, Laborer-Coul mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Housenaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Furner (re-For persons who have no occupation Statement of Occupation -Precise statement of oc-The ques-For many occupations a single word or term on gaged in domestic service for wages, as Servant, Cook, fulness of varieus pursuits can be known. Physician, Compositor, Architect, whatever, write None. sary to know ifrs). fired 6 laborer,

Statement of Cause of Death—Name, first, the DIS-BASI CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphheria avoid use of "Crup"); Typhoid ferer never report "Typhoid Pneumonia"); Lobar pneumonia, Brond as Greenmonia, "Cobar pneumonia, Brond as Greenmonia,"

Always qualify all diseases resulting from childbirth or miscarriage as unqualified, is indefinite;; Tuberculosis of lungs, meninges, peritonucum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; causing death), 29 ds.; Bronchopmeumonia (secondary), Never report mere symptoms or terminal condi-"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. taken. FOR VIOLENT DEATHS state MEANS OFINJURY or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, Chronic interstitial nephritis, etc. The contributory not be stated unless important. Example: Measles (disease tions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, carbolic acid-probably suicide. The n.ture of the injury, tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Atrophy," "Collapse," "Coma," "Convulsions, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of approved by Committee on Nomenclature or intercurrent) affection need valendar heart can be ascertained as the cause. American Medical Association.) Chronic Whooping cough; (secondary

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

1 PLACE OF PEATURE	CERTIFICATE OF DEATH 09722
1. PLACE OF DEATH	80
County St Manya	Registration Dist. No. 287
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
1/0/19.10	
2. FULL NAME John Honglas Swiller	Ct Ward
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	ang 10, 1931, to ang 23, 1931
6. DATE OF BIRTH (month, day, and yeer) Jan-12, 1931	I last sew han alive on Qug 2/, 193/; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et _ & _ A _ m.
7 // lday, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) As flex gas disclared (State or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIOEN NAME Lyde for Source Source 16. BIRTHPLACE (city or town) Charles Country  17. INFORMANT (Address) It former for the Charles Source 16. March 16.	23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place of Forges Will Character any 24, 1931	Menner of injury
19. UNBERTAKER JA GANGE LA TANICLEY MAS RADDIESS JA GANGE LA COMMENTER IND	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
Loca ( Registrar.	(Address) free & Mrills Mrs

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	KLCENF.D	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ser 8 man	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--

0	0	d. Exact
	CORD	should be stated EXACTLY, PHYSI-
U	LNI	e sta
BINDING	PERMA	should b

Al m	STATE OF MARYLAND
County St. Mary	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Year Chaptice (No.	St.: Ward) (If death occurred in a hospital or institu-
	tion, give its NAME in-
2FULL NAME John Samuel Jo	rkshire stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male Calared (Write the word)	(Month) 17 (Day) 193/(Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Davit kan med	June 1931 to aug , 1981,
(Month) (Day) (Year)	that I last saw him alive on aug. 18, 1925/,
7 AGE [If LESS than	and that death occurred on the date stated above, at 3:30 A.m.
75   I dayhrs	
// yrs. mos. ds. or min.	Mysoarditis-Cardiae
(a) Trade, profession or	Olecompensation-
particular kind of work	
business, or establishment in 11111	(Duration) 12 yrs mos ds.
which employed or (employer)	Contributory
(State or country) Maryland	Secondary (Duration) yrs
10 NAME OF CATHER	(Signed) alay. C. Welch M. B.
11 BIRTHPLACE	Bug 1981 (Address) Chaptres md
of FATHER	
Ш	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Callins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)  At place In the
OF MOTHER (State or Country) Maryland	of deathyrsmosds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
January 2 Markeding	Former or usual residence
(Informant) Ames A. Markette	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Mapus) Ma	St. Joseph's Cerutary lung 19, 193/
15 Filed aug. 18 1921 d. 12. James	20 UNDERTAKER ADDRESS
Filed Registrar	Wellech Chaplico MO
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

09723

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

fetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Village or City At Angle County Water and County Co	1. PLACE OF DEATH	® U31.54
Length of residence in city or town whate dasth occurred.  Length of residence in city or town whate dasth occurred.  Length of residence in city or town whate dasth occurred.  S. FULL NAME.  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (c) Residence: No.  (d) Residence: No.  (e) Residence: No.  (f) Residence:	County of Many	Registration Dist. No. 287
Length of residence in city or town whate death occurred yrs. mos. ds. Nowlong in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME (a) Residence: Nb. (Usual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX (a) COLOR OR RACE (S. SINCLE, MARRIED, WIDOWED, USUAL OF BIRTH (month), day, and year)  5. If married, widowed, or divorced (or) Wilf of 1 (Joseph)  6. DATE OF BIRTH (month, day, and year)  7. ACE Years (honth) Days If LESS than 1 (dey. m. hrs. or. min.  8. Treds, profession, or perticular SAWYER, BODKEPER, atc. (or. min.)  9. Industry to business in which work was done, as SILK MILL, SAW	Village or City St higos	NoSt.,Ward
2. FULL NAME  (a) Residence: ND.  (Unal place of shodo)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DIVORCED  Or Corrict the word)  53. If married, widowed, or divorced  (Worth)  54. OLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DIVORCED  Or Corrict the word)  55. If married, widowed, or divorced  (Worth)  56. DATE OF BIRTH (month, day, end year)  (A) (19.37)  6. DATE OF BIRTH (month, day, end year)  (B) John Days  11 LESS than  14 LESS than  14 LESS than  14 LESS than  15 LI FRENCHELACUSE OF DEATH  17 A FRENCHELACUSE OF DEATH  18 January  19 LINGUISTON  19 LINGUISTON  19 LINGUISTON  19 LINGUISTON  10 Date decessed last worked at the secupation of the couple of the		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: ND. (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Certific he world)  22. I HER EBY CERTIFY. That I attanded daceased from the data stated above, at A. J. (Month)  5. Her REBY CERTIFY. That I attanded daceased from the world of the world	1 / 4	as,
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVOKED (winit the word)  OR DIVOKED (winit the word)  1. Januaried, widowed, or divorced HUSARD of (word)  Filed And Delay  1. Januaried, widowed, or divorced HUSARD of (word)  2. I HEREBY CERTIFY, That I attended deceased from the state of the particular of the second on the dates stated above, at 2 d. m.  3. Treds, profession, or particular significant of the particular of the part	2. FULL NAME Mount young	
PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORED Cover: the word)  5. If marriad, widowad, or divorced (try) wife of word of word of word of the particular widowad, or divorced (try) wife of word one as SPINIER, SAWER, BOOKKEEPER, at.  1 day. hrs.  5. Treds, profession, or particular kind of work done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  1. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPINIER, SAWER, BOOKKEEPER, at.  2. Industry or businass in which work was done, as SPIN		
3. SEX  4. COLOR OR RACE OR DIVORCED Comic the word)  50. If marriad, widowad, or divorced HUSBAND D1 (No.) WIE of HUSBAND HUS		
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HUSBAND of (or) WIFE of (or) WI		
HUSBAND of (or) WIFE of (or) WI	5a, If marriad, widowad, or divorced	(Month) Day) (Yaar)
E. DATE OF BIRTH (month, day, end yaar)  7. AGE  Yaer  Months  Days  If LESS than 1 day, hrs. 0r. min.  8. Treds, profession, or perticular SAWYER, BOOKKEPER, atc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month end year)  (State or country)  B. BIRTHPLACE (city or town) (State or country)  May BIRTHPLACE (city or town)  Cista or country)  May BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Date of onest  Name of operation.  Name of operation.  Name of operation.  What tast confirmed diegnosis?  Was there en au'opsy?  23. If death was due to extarnal causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?  Date of injury  17. INFORMANT  (Addrass)  Manner of Injury  Name of injury  Nature of injury  Specify whether injury in eny way ralated to occupation of deceased?  If so, specify  (Signad)  M. D.	HUSBAND of	
7. AGE Yaers Jonths Days If LESS than 1 deynrs		
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S. Treda, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, atc.  9. Industry or businass in which work was done, as SPINNER, SAWYER, BODKKEPER, atc.  10. Date decased last worked at peace of the work was done, as SILK MILL, SAW MILL, SAKK, etc.  11. Total time (years) spant in this occupation (month end year).  (State or country)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Or min.  Ware a follows:  Date of onset  Date of onset  Date of onset  What tast confirmed diegnosis?.  Was there en au'opsy?  23. If death was due to extarnal causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide?.  Date of injury.  Specify whether Injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Or min.  Ware a follows:  Date of onset  Was disaase or injury in eny way ralated to occupation of deceased?  If so, specify  (Signad).  M. D.		
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car	Date of onset  1 week ago 1 week ago
Run over by street car	
	1 week ago
	- word ago
Perilonilis	3 days ago
Other contributory causes of importance:	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN